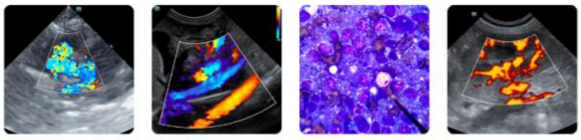


DATE

12/9/25

PATIENT

Keisel Hughes

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

11/22/12

WEIGHT

11.73 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

HOSPITAL NAME

Banfield Abingdon

REFERRING VET

Dr. Pagan

INVOICE

36830

PRESENTING CLINICAL SIGNS

Patient History: Patient presented ~3 weeks ago for vomiting and diarrhea. CPL positive. Progressively losing weight. P has been losing 1-2 lbs per month. History of chronic pancreatitis. Initial positive response to Panoquell, Fluids, Cerenia on 11/21/25 but since symptoms have regressed. Not eating much.

Current Medications: Cerenia tabs 16 mg-1 PO SID, Entyce 30 mg/ml 0.5 ml PO SID, 2 doses of Panoquell 4 mg/ml on 11/21/25 and 11/22/25
Labwork Results: Labwork not attached, reported as: History of liver elevations but last lab work on 11/21/25 was fairly unremarkable aside from CPL positive on snap reader.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Mineralization was present in the kidneys. The right kidney measured 3.8 cm. The left kidney measured 3.88 cm. A pelvic calculus (0.8 cm) was noted in the left kidney.

Adrenal Glands

The **right adrenal gland** was nodular and irregular, measuring 1.94 cm x 0.93 cm at the cranial pole and 0.48 cm at the caudal pole. Capsular expansion was noted without capsular escape or vascular invasion.

The **left adrenal gland** was slightly heterogenous, measuring the upper limits of normal size at the caudal pole,1.76 cm x 0.61 cm at the caudal pole and 0.41 cm at the cranial pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. Caudal folding of the spleen was noted.

Liver

The **liver** presented increased portal markings with a moderate amount of remodeling. Slight irregular contour was noted. The gallbladder was overdistended with inspissated bile, measuring 4.4 cm x 3.4 cm.

The **gallbladder** wall was unremarkable. This is consistent with atypical mucocele. The cystic duct presented inspissated bile as well.

Gastrointestinal

The **stomach** was overdistended with chyme. The pylorus was patent and free of evident pathology. The mid to distal small intestine revealed a 2.2 cm hypoechoic mass deriving from the muscularis. Intestinal mass wall thickness measured 1.0 cm. Regional inflammation was noted. The length of the intestinal infiltrative pattern extended at least 7.0 cm. Peri-serosal inflammation was noted around the intestinal mass. The intestinal mass revealed a partial obstructive pattern. A linear structure appeared to be present within the intestinal mass, which may be attached to the foreign body. The small intestine after the mass was empty. Some stasis was noted prior to the mass creating a partial obstructive pattern. Slight free fluid was noted adjacent to the mass. A shadowing foreign body was noted, measuring approximately 2.0 cm – 2.5 cm. The colon was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

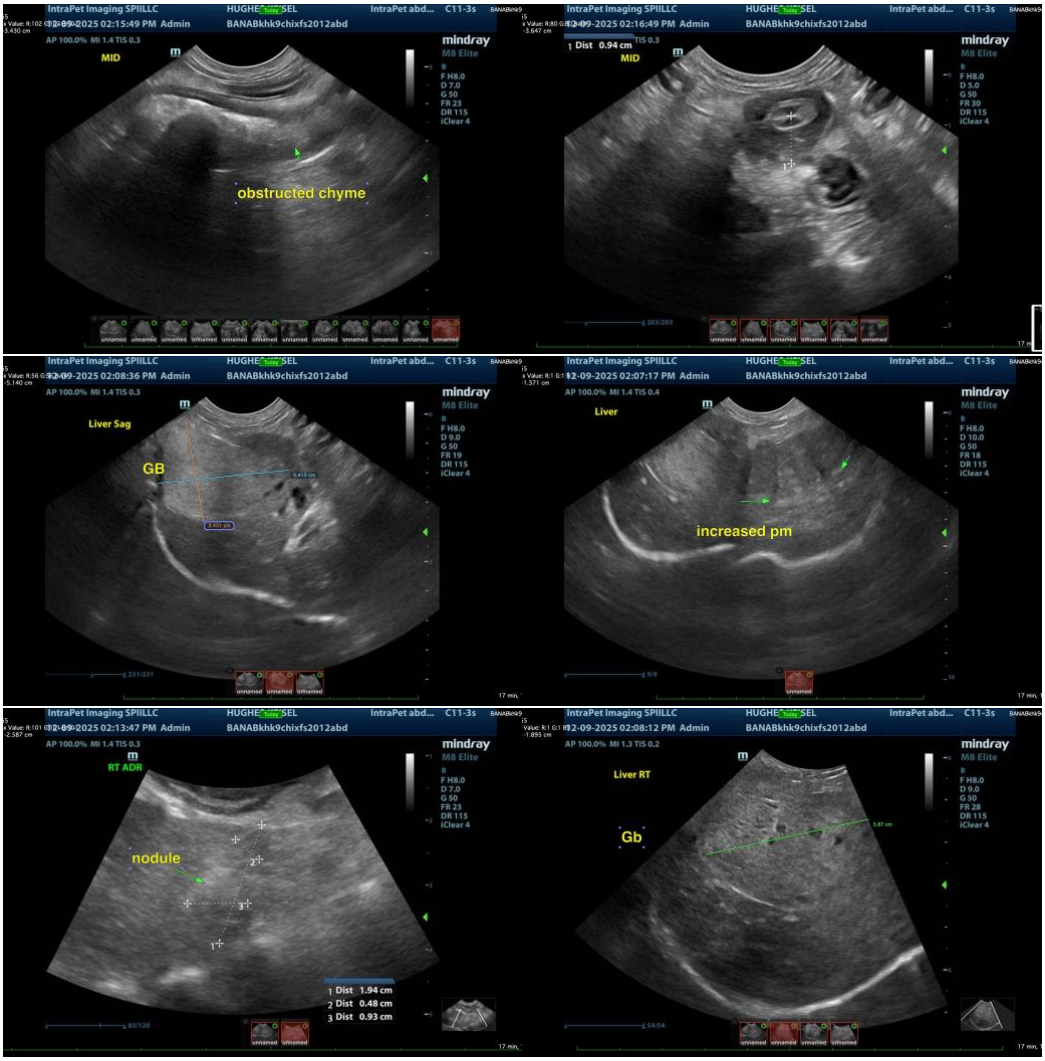
ULTRASONOGRAPHIC FINDINGS

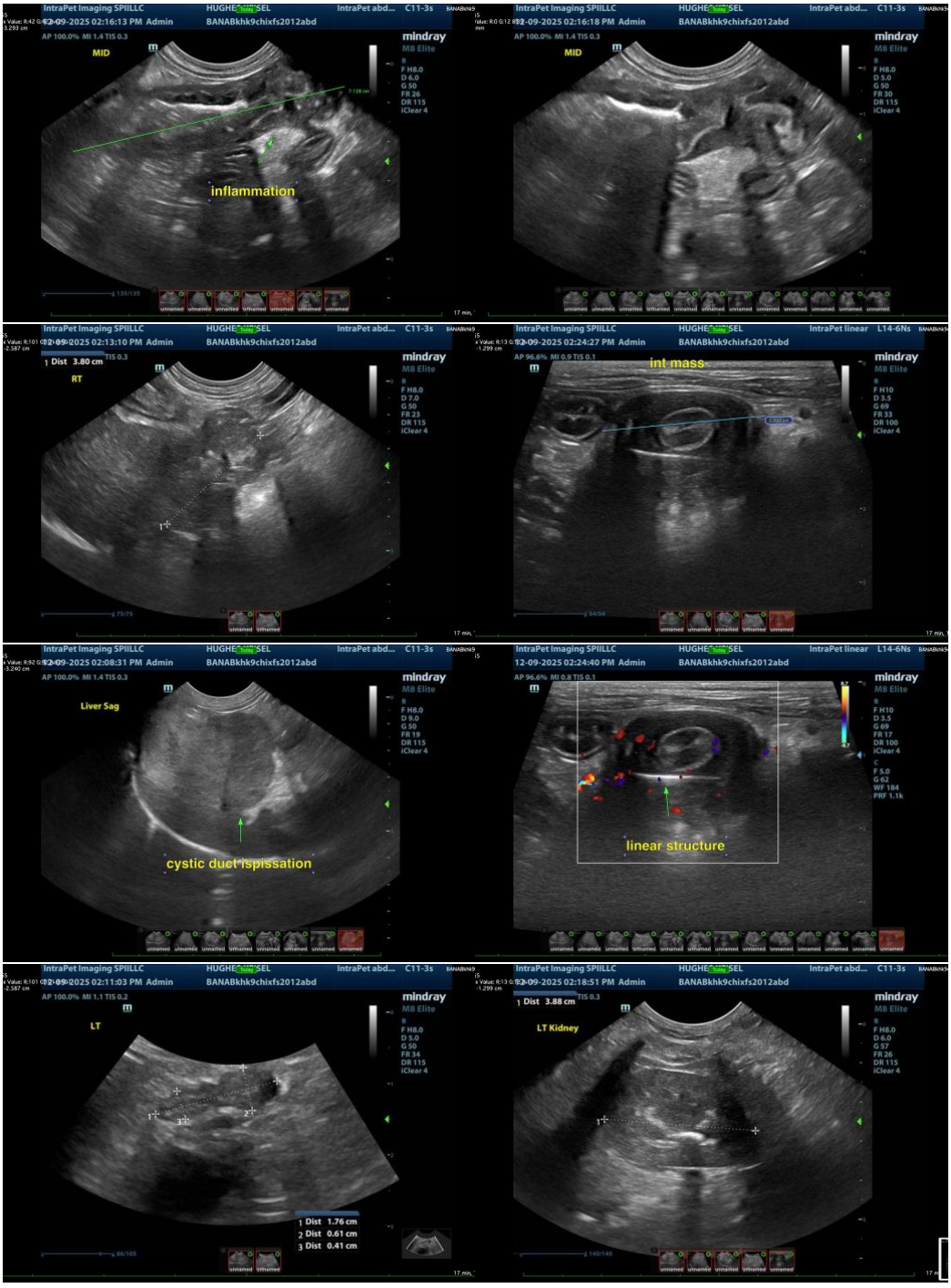
- Intestinal mass and concurrent small intestinal foreign body with obstructive pattern. This appears to be jejunum. Chronic foreign body and secondary granulomatous intestinal lesion are possible. Carcinoma, intestinal lymphoma, leiomyosarcoma are all possible.
- The gallbladder was not typical mucocele formation, however, has aspects of overdistention and immobile bile, which would suggest at least emerging mucocele, if not atypical mucocele pathology.
- Nodular irregular right adrenal gland- Right adrenal differentials include likely adenoma or hyperplasia, emerging carcinoma or pheochromocytoma are technically possible.
- Age-related renal changes with mineralization, nonobstructive
- Slightly heterogenous left adrenal gland
- Volume contracted spleen
- Hepatic remodeling

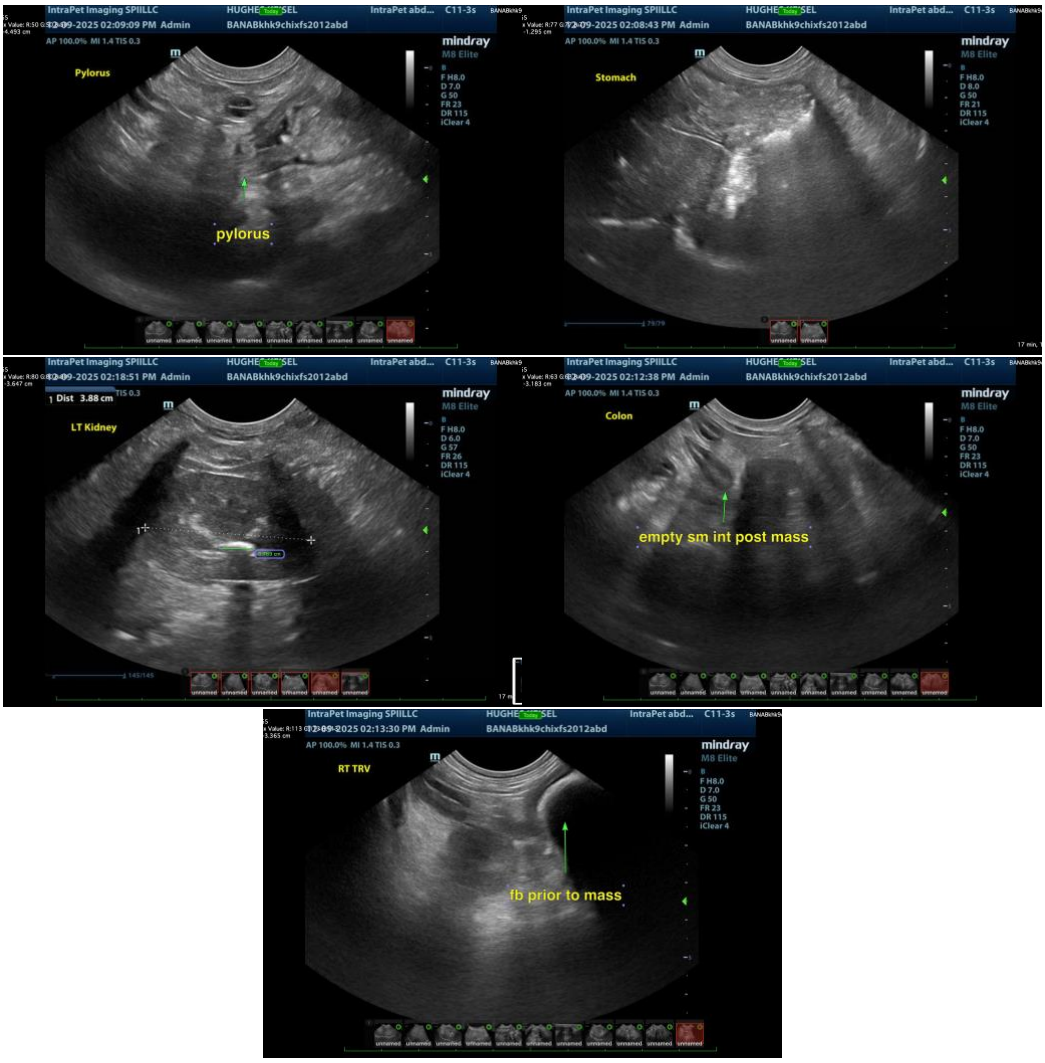
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple issues in this patient; the most immediate is the intestinal mass. Exploratory surgery and intestinal resection and anastomosis of approximately 10.0 cm – 14.0 cm of jejunum is recommended with removal of any foreign matter. Both mural intestinal pathology, along with the foreign matter are both issues that need to be addressed surgically. Foreign body is likely secondary to GI issues. Regional

peritonitis is emerging evidenced by reactive mesentery. Manual expression of the gallbladder and liver biopsy would be recommended at the time of surgery. Right adrenalectomy should also be considered; however, cholecystectomy may be necessary depending on results of manual expression. Chest radiographs are warranted prior to surgery. Serial blood pressures are warranted. This is a surgical emergency.




MID
inflammation
MID
1 Dist 3.80 cm
RT
int mass
Liver Sag
cystic duct ispissation
linear structure
LT
1 Dist 1.76 cm
2 Dist 0.61 cm
3 Dist 0.41 cm
1 Dist 3.88 cm
LT Kidney



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com